

Important information about this form:

- Use this form if the adult Beneficiary has reached the age of 19 and wishes to exercise signature authority and assume administrative duties on the account.
- If the Beneficiary is under the age of 19, please complete a Change Authorized Legal Representative Form instead.
- Before completing this form, carefully read the Program Description & Participation Agreement.
- An eligible person can only have one ABLE account open at any time.
- Fill out the **Bank Add/Change Request Form** to make updates to the banking information if it's affected by removing the Authorized Legal Representative.
- The adult Beneficiary must provide a Medallion Signature Guarantee.
- Type or print clearly in black ink, and do not staple the pages.

Need help?

Give us a call Monday – Friday from 8am – 7pm CT at 1-833-711-2253

Individuals with speech or hearing disabilities may dial **711** to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

Alabama ABLE P.O. Box 9894 Providence, RI 02940-8094

Overnight Mail:

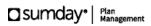
Alabama ABLE 4400 Computer Drive Westborough, MA 01581

1	ABLE account information				
	Name of the Beneficiary on the ABLE account (First and last)				
	Beneficiary's Social Security or Taxpayer Identification Number				





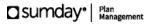
Beneficiary information	
/ /	
Residential address	
No P.O. boxes are accepted for a residential address.	
Street address 1	Street address 2
City	





Mailing address P.O. boxes are accepted for a mailing address.							
.o.							
Use the Beneficiary's residential address as (Leave address information below blank)) Street address 1		s the mailing address					
		Street address 2					
City	,	State	ZIP Code				
Ema							
	311						
	311						
	211						
	oose how you want to receive statements ase select one)	and tax forms for a	Il the accounts you manage				
	ose how you want to receive statements						
	ose how you want to receive statements ase select one) Send digital tax forms, account informati	on and quarterly sta	tements by email				
	Send digital tax forms, account information (Please answer Step 3A below) Send digital quarterly statements and account digital quarterly digital quarterly statements and account digital quarterly digital quarterly digital quarterly digita	on and quarterly sta count information by mation and tax form	tements by email vemail, but send tax forms by U.S. mail*				

^{*} All documents sent by U.S. mail will be mailed to the account's mailing address.





4	Work information of the Ber Providing employment information		-	ount is	being	funded.
	What is the Beneficiary's work sta	•				
	Employed Self-Emp	loyed	Retired or Not Workin	ng —		
A	What's your occupation (Please se Answer if employed or self-employed		ne)	B	of inc	se choose all of your sources come (Select all that apply)
	Accounting/Auditing Admin/Clerical	\bigcirc	Hospitality/Food Independent Investor		Ansv	ver if retired or not working : Retirement Savings
	Art/Antiques Dealer	\bigcirc	Information Technology			Spousal Support Social Security or Pension
	Banking Professional Car/Boat/Airplane Dealer		Insurance Legal Services			Other Government Services
	Casino/Gaming		Manufacturing/Production			Other:
	Construction/Skilled Trade Creative/Design/		Nonprofit Executive Operations			(Please write in all other sources)
	Architectural Defense/Military		Other:			
	Editorial/Writing/Publishing Education		(Please write in your occupation)			
	Elected Official/Embassy	\bigcirc	Public Service			
	Engineering/Science/R&D	\bigcirc	Retail/Sales/Real Estate			
	Entertainment/Sports/Arts	\bigcirc	Student			
	Financial Services		Transportation/ Warehousing			
	Health Care Professional					





Verify your identity

The Beneficiary must provide identification to prove their identity if they reached the age of 18 since opening the account.

How to provide identification

Acceptable ID Documentation

Option A

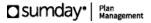
Include a copy of a Department of Motor Vehicles State ID

Option B

Include a copy of both your Social Security card and your

birth certificate

To help the government fight the funding of terrorism and money laundering, federal law requires us to obtain certain personal information: your name, address, date of birth, and Social Security number or taxpayer identification number and other information that will allow us to verify your identity. If we are unable to verify your identity, we may have to close your account or take other steps we think are necessary.







Sign the form

By signing below, I am agreeing to the terms and conditions set forth below and in the **Program Description & Participation Agreement.** I understand and agree that those documents govern all aspects of this Account and are incorporated herein by reference.

I will retain a copy of the **Program Description & Participation Agreement** for my records. I understand that the Alabama ABLE program may, from time to time, amend the **Program Description & Participation Agreement**, and I understand and agree that I will be subject to the terms of those amendments.

I certify that all of the information provided by me on this form is, and all information provided by me in the future will be, true, complete and correct and I authorize the Program to open this Account based upon this information.

Additionally, I certify under penalty of perjury:

•	The Beneficiary's disability or blindness is expected to result in death last for a continuous period of not less than 12 months and that I will status of the beneficiary's disability or blindness (including any poter or blindness) promptly upon such occurrence.	I notify the Program of any change to the
Sig	nature of adult Beneficiary	Date (mm/dd/yyyy)





A Medallion Signature Guarantee is required for the adult Beneficiary

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You can get a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public doesn't qualify, and you cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABLE account.
- Only sign if you are in the presence of an authorized officer providing the Medallion Signature Guarantee.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the **Program Description & Participation Agreement**.

	Have the Authorized Officer stamp here
Signature of Beneficiary — If over the age of 18	
Signature Guarantor	
Title	
Name of Institution	
Date (mm/dd/vvvv)	

